U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1370/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 1 2004 Through: 12 31 2004

3. Name and address of person filing.			Name, file number, and address of labor organization.			
Name 7	Amy	Pulliam	Name ELECTRICAL WORKERS IBEW AFL-CIO			
			Labor Organization File Number 022-469			
P.O. Box	x, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street	522 Dale Lane		Street 4315 PRESTON HIGHWAY, SUITE 102			
City [	Taylorsville	And the second sec	City Louisville			
State I	Kentucky	ZIP Code + 4 40071	State Kentucky ZIP Code + 4 40213-2031.			
5. Positio	n in labor organization.	pouse of Business Agent				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):						
monetar	y value from an employe	er whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name a	and address of Employer (in	ncluding trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name						
Trade N	ame, if any:					
P.O. Bo	x, Bldg., Room No., if any					
<u></u>			7.b. Amount.			
Street						
City [						
State		ZIP Code + 4				
		Sign	nature			
submitt	ted in this report (including t	he undersigned declares, under penalty of he information contained in any accompany ef, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)			
Signe	day to	illian	On (502) 368-2568  Date Telephone Number			
Form LM-3	30 (2003)					

Name of Person Filing Amy Pulliam	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name '	France Carteria
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer
Street:	Cameral of Company of
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	The state of the s
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City Landson transferred all consumer administration and participation in the Control of the Con	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  12/03/2004 Christmas celebration - Invited guest.
Name National Electrical Contractors Association	112/05/2004 Children Collegia Children
Trade Name, if any: Louisville Chapter, NECA	
P.O. Box, Bldg., Room No., if any	
Street 1404-C Browns Lane	
City Louisville	
State   Kentucky   ZIP Code + 4   40207-4655	**************************************
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$75

Name	οf	Person	Filina	7	D. 1.1	÷	
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File	Number	u
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## Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	o an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	American of the most	
Name Lou Elect Joint Apprent & Training Comm	07/17/2004 Graduation ceremony	invited guest.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		. :	
Street 4315 Preston Highway, Suite 100		Î	
City Louisville			
State Kentucky ZIP Code + 4 40213-2031	To the contract of the contrac	The second of th	
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment,	\$37	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant t	o an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any		4. 3. 4. 5.	
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State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant	to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	and the second section of the second	
Name ,			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		:	
Street	i 5	:	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		